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CONFIRMATION NO. 9645

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| 10/562,059 | 12/22/2005 RULE | 514 | 1623 | ACT-003 | | |
| APPLICANTS Yasuhiro Kajihara, Kanagawa, JAPAN; Hiroaki Maeda, Kyoto, JAPAN; Kazuhiro Fukae, Tokushima, JAPAN; ** CONTINUING DATA ***** This application is a 371 of PCT/JP04/09521 06/29/2004 ** FOREIGN APPLICATIONS ***** JAPAN 2003-187931 06/30/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/31/2007 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ERIC OLSON/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance ESO Initials | STATE OR COUNTRY JAPAN | SHEETS DRAWINGS 5 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS KUBOVCIK & KUBOVCIK SUITE 1105 1215 SOUTH CLARK STREET ARLINGTON, VA 22202 UNITED STATES | | | | | | |
| TITLE Disialoundecasaccharide chain asparagine/fatty acid amide and medical drug containing the same | | | | | | |
| FILING FEE RECEIVED 1056 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |